

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION'

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

N-ALKYL-HYDROXAMIC ACID-ISOINDOLYL COMPOUNDS AND THEIR PHARMACEUTICAL USES

was filed in the United States with amendment(s) filed on (I Application No. on and was are and understand the contents of the information known to me to be markets under Title 35, United States to identified below any foreign approximation.	n No. 10/798,372 (for a nended under PCT Ar above identified appl aterial to patentability Code, §119(a)-(d) of a	ticle 19 on (if application, including to as defined in Title	the claims, as aments 37, Code of Federation(s) for patent of	al or inventor's	
EARLIEST FOREIGN	APPLICATION(S), IF ANY, FIL	ED PRIOR TO THE	FILING DATE O	F THE APPLICAT	ΓΙΟΝ	
APPLICATION NUMBER	COUNTRY		DATE OF FILING (day, month, year)		PRIORITY CLAIMED	
				YES □	№ □	
		ν.		YES 🗆	№ □	
I hereby claim the benefit under Tit	le 35, United States Code, §119(e) of any United States	provisional applic	ation(s) listed belo	w.	
PROVISIONAL APPI	LICATION NUMBER		FILING	G DATE		
60/454,149	0/454,149		March 12, 2003			
I hereby claim the benefit under Tit matter of each of the claims of this paragraph of Title 35, United States as defined in Title 37, Code of Federational or PCT international filing	application is not disclosed in the Code §112, I acknowledge the deral Regulations, §1.56 which because.	prior United States ap	plication in the ma	nner provided by which is material	the first to patentability	
NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE P		STATUS			
		PATENTED	PENDING	G AI	BANDONED	

for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

OF INVENTOR	Man .	Hon-Wah		MIDDLE NAME	
RESIDENCE & CITIZENSHIP	Princeton	eton STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP U.S.A.	
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POST OFFICE ADDRESS	STREET	СПУ	STATE OR COUNTRY	ZIP CODE	
	SIGNATURE OF INVENTOR 205	<u> </u>	DATE		
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	POST OFFICE ADDRESS SIGNATURE OF INVENTOR 201 HALL NAME OF INVENTOR 201 FULL NAME OF INVENTOR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS SIGNATURE OF INVENTOR 202 LAST NAME FULL NAME OF INVENTOR 202 CITY CITIZENSHIP POST OFFICE ADDRESS SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 203 FULL NAME OF INVENTOR 204 FULL NAME OF INVENTOR 205 SIGNATURE O	POST OFFICE ADDRESS 27 Grant Way Princeton SIGNATURE OF INVENTOR 201 FULL NAME OF INVENTOR Muller POST OFFICE ADDRESS SIGNATURE OF INVENTOR 202 LAST NAME OF INVENTOR CITY Bridgewater SIGNATURE OF INVENTOR 202 LAST NAME OF INVENTOR RESIDENCE & CITY CITY Bridgewater SIGNATURE OF INVENTOR 202 LAST NAME OF INVENTOR POST OFFICE ADDRESS SIGNATURE OF INVENTOR 203 FULL NAME OF INVENTOR RESIDENCE & CITY CITY STATE OR FOREIGN COUNTRY CITY FULL NAME OF INVENTOR SIGNATURE OF INVENTOR 203 FULL NAME OF INVENTOR SIGNATURE OF INVENTOR 203 FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITY FULL NAME OF INVENTOR SIGNATURE OF INVENTOR 204 FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY CITY FULL NAME OF INVENTOR STREET CITY STATE OR FOREIGN COUNTRY CITY POST OFFICE ADDRESS SIGNATURE OF INVENTOR 204 FIRST NAME FIRST N	POST OFFICE ADDRESS 27 Grant Way Princeton NJ DATE DATE DATE FULL NAME OF INVENTOR RESIDENCE & CITY POST OFFICE ADDRESS SIGNATURE OF INVENTOR 302 FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY NJ U.S.A. STATE OR COUNTRY NJ DATE DATE DATE FULL NAME OF INVENTOR 302 FULL NAME OF INVENTOR 302 CITY STATE OR FOREIGN COUNTRY NJ DATE FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS MIDDLE NAME FULL NAME OF INVENTOR 303 DATE FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS SIGNATURE OF INVENTOR 303 DATE FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR COUNTRY COUNTRY FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME MIDDLE NAME FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR COUNTRY COUNTRY OF CITIZENS FULL NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS STATE OR COUNTRY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENS STATE OR COUNTRY STATE OR FOREIGN COUNTRY STATE OR COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREIGN COUNTRY STATE OR FOREI	